



PTO/SB/01 (10-00)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Petent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

	Attorney Docket Number		
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor		
PATENT APPLICATION (37 CFR 1.63)	COMPLETE IF KNOWN		
	Application Number		
Opeclaration Submitted With Initial Filing  OR Submitted after Initial Filing (37 CFR 1.16 (e)) Required)	Filing Date		
	Group Art Unit		
	Examiner Name		

As a below named inventor, I he	reby declare that:					
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original, first and names are listed below) of the sub	sole inventor (If only or ject matter which is del	ne name is listed below) med and for which a pa	or an original, first tent is sought on t	t and joint inventor (if plural he invention entitled:		
MULTIPLE AREA S	MOKE DETECTOR	SYSTEM	· · · · · · · · · · · · · · · · · · ·			
the specification of which	σ	We of the Invention)				
is attached hereto				•		
OR		as United S	itates Application I	Number or PCT International		
was filed on (MM/DD/YYYY)						
Application Number and was amended on (MM/DD/YYYY) (If applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, licted 5-dow and have also identified below, by checking the box, any foreign application for petent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority Not Claimed	Certified Copy Attached? YES NO		
reassure (a)		(masses 1111)	1	1EO NO		
			Ö			
Additional foreign application numbers are fisted on a supplemental priority data sheet PTO/S8/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) fisted below.						
Application Number(s)	Filling Dat	(MM/DDYYYY)	- Adding	al provisional application		
60/222.300	08/01	/2000	numbers supplem	are listed on a entat priority data sheet 028 attached hereto.		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent and Tradement Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside Approved to through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer N		OR X	Correspondence address below			
Name BERNARD VINING						
Address 6419 SOUTH TROY STREET						
Address 6419 SOUTH TROY STREET	Ţ					
CHICAGO Chy		ILLINOIS State	ZIP 60629			
COOK	773-863-858 Telephone	4	773-863-8584 Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:						
Given Name BERNARD	Family Name VINING or Surname					
(first and middle [If any]) DECEMBER 21, 2000						
Inventor's Signature	Money	•	Date			
CHICAGO	ILLINO State	IS COOK Country	Chtzenship			
Residence: City   South Troy STREET						
Mailing Address 6419 SOUTH TROY STREET						
Mailing Address						
CHICAGO III. State	LINOIS	z160629	Country COOK			
NAME OF SECOND INVENTOR:						
Given Name (first and middle [if any])  Family Name or Sumarne						
inventor's Signature			Data			
Residence: City	State	Country	Citizenship			
Mailing Address						
maining accessors						
1						
Malling Address						
Mailing Address  City State  Additional inventors are being named on the		ZIP	Country PTO/SB/02A attached hereto.			